MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06098

CERTIFICATE OF DEATH

Reg. Dist. No.....

6100

Item 9 Film G168A 7/26/54 cm

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HENRIETTA (Middle) M. (Last) ADOLPH

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: August 10, 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John F. Mitten

14. MOTHER'S MAIDEN NAME: Wilmira Loats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Boston Fear, 1704 Gorsuch Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Diabetes mellitus — 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to July, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Gene al Tatum M.D. Severna Park Md July 20 1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 7/22/54 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 7-21-54 — REGISTRAR'S SIGNATURE: Rob. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

Wm. Cook, Inc.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Film #G169 Item # 14
8/20/54 emf

06099

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY A A MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TRACYS
LENGTH OF STAY (in this place) 87 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tracys
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) JAMES MORDECAI ARMIGER

4. DATE OF DEATH: (Month) (Day) (Year) July 27 1954

5. SEX: Male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: May 24 1867 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Tobacco

11. BIRTHPLACE (State or foreign country): Tracys A A Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Armiger

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs James Johnson, Tracys Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic CVR Disease — Unk

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1947, to July 27, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 10:13 AM, from the causes and on the date stated above.

SIGNATURE J B Dasher M. D. ADDRESS Upper Marlboro DATE SIGNED 7-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF July 29, 1954 | NAME OF CEMETERY OR CREMATORY St James | LOCATION (City, town, or county) (State) Tracys, A A Co. Md.

DATE REC'D BY LOCAL REGISTRAR July 28 54 | REGISTRAR'S SIGNATURE D. B. Dent

24. FUNERAL DIRECTOR T A Hardesty & Son, ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUL 30 1954
BUREAU V. S.

6126 MARYLAND STATE DEPARTMENT OF HEALTH 06100

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie, — LENGTH OF STAY (in this place): Few Seconds
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2014 Westwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) L. (Last) Ashley

4. DATE OF DEATH: (Month) July (Day) 6th (Year) 19 54

5. SEX: M.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 5/19/03

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction

10b. KIND OF BUSINESS OR INDUSTRY: Hauling.

11. BIRTHPLACE (State or foreign country): Florence, S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Ashley

14. MOTHER'S MAIDEN NAME: Elizabeth Finney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 212-05-5204

17. INFORMANT AND ADDRESS: Alice L. Ashley (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of skull — Interval between onset and death: Sudden

Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 301 (CITY OR TOWN): Glen Burnie (COUNTY): A.A. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/6/54 9 A. m. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Automobile Accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Deputy Medical Examiner (Degree or title) — ADDRESS: Glen Burnie Md. — DATE SIGNED: 7/8/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 7/10/54 — NAME OF CEMETERY OR CREMATORY: Mt. Cobblestone — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 7 8 54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Charles Harper — ADDRESS: 512 Conveticut Ave.

Film#G169 Item# 9 8/16/54 emf 6101

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 06101

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 1917 McCulloh St. 3 Vol. 4
STREET ADDRESS (If rural, give location) Baltimore, Md.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Austin

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro.	Married	March 27, 1913	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Roper.	Rope machine	Va.	U.S.A.

13. FATHER'S NAME: John Austin

14. MOTHER'S MAIDEN NAME: Gertrude Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		1917 McCulloh St Lida Mae Austin Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Drowning	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
		Annapolis Md. A.A. Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Bowie Linn Grant M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 7-21-54.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-25-54	Fairmount Park	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-23-54	[illegible]	George G. Nelson	1303 Presstman St

MARYLAND

STATE DEPARTMETT OF HEALTH 86102

6127 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold Md.
STREET ADDRESS (If rural, give location) Ritchie Highway

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H. (Last) Bangert

4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 19 54

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 7-30-1867

9. AGE Last birthday 86 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman

10b. KIND OF BUSINESS OR INDUSTRY Dairy Farm

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Edwin E. Bangert Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a) Myocarditis (Acute)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Failure.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1953, to July 10, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T.G. de Useda, M.D. ADDRESS Arnold-Md. DATE SIGNED 7/24/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE 7-27-54 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. July 27, 1954 REGISTRAR'S SIGNATURE H. C. Brown

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 30 1954
BUREAU V. S.

06103

MARYLAND

6128

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: General Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Ill. — COUNTY: Christen
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylorville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ABDIE (Middle) BELLE (Last) BARNES

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 24, 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ice Colburn

14. MOTHER'S MAIDEN NAME: Mary Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 321-24-8345 B

17. INFORMANT AND ADDRESS: Mr. Ralph E. Barnes Husband same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral hemorrhage — Interval Between Onset and Death: 12 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Gen. arteriosclerosis —

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7 ., 1954., to 7/21 ., 1954., that I last saw the deceased alive on 7/21 ., 1954, and that death occurred at 12 15/P m., from the causes and on the date stated above.

SIGNATURE: S. Borsuck (Degree or title) M.D. ADDRESS: Annapolis. Md DATE SIGNED: 7/22/54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE: July 23, 54
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory
LOCATION (City, town, or county) (State): Prince George County, Maryland

DATE REC'D BY LOCAL REG.: July 23, 1954
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

06104

MARYLAND · 6102

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

Item 9 film G168A 7/30/54 cm

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural, give location) 18 Spa View Circle

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Basil
4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married
8. DATE OF BIRTH: Aug 18-1891
9. AGE last birthday: 62 Yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman, General Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: Coca Cola Bottling Co
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: George C. Basil Sr.
14. MOTHER'S MAIDEN NAME: Lola Purdy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Helen H. Basil Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arter Sclerosis Hert Disease — 2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8 ., 19 54, to 7-22, 19 54, that I last saw the deceased alive on 7-22, 19 54, and that death occurred at 430 p, m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Basil M. D — ADDRESS Annapolis Md — DATE SIGNED 7-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 7-25-54 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. July 25, 1954 | REGISTRAR'S SIGNATURE H. A. Brown | 24. FUNERAL DIRECTOR John M. Hayden Sons — ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

6129

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06105 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Phys[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - [illegible] - 53

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hammond's Ferry Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN LINTHICUM HEIGHTS
STREET ADDRESS (If rural, give location) Old Hammond's Ferry Road

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) CLAY (Last) BOOKER

4. DATE OF DEATH (Month) July (Day) 28 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-15-07

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Insulator worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Booker

14. MOTHER'S MAIDEN NAME: Anna Wuosowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Brother - James Booker, Linthicum Heights

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) ..... DUE TO ... Arteriosclerotic Cardiovascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO ... Coronary occlusion

(c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. .....

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Partial

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED July 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-30-54

NAME OF CEMETERY OR CREMATORY Western Cemetery

LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. July 30, 1954

REGISTRAR'S SIGNATURE Caldwell Woodruff
L. J. D'Alba

ik

24. FUNERAL DIRECTOR Leonard G. Finch Sons

ADDRESS Baltimore Md

MARYLAND 6130

06106

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 1 yr. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1711 Madison Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Pinkey (Middle) (Last) Boozer

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/20/93

9. AGE last birthday: 60 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Y.M.C.A.

11. BIRTHPLACE (State or foreign country): Newberry S.C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: David Boozer

14. MOTHER'S MAIDEN NAME: Emma Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 124 01 9819

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Left hemiplegia after cerebral vascular accident — Known to us since admission 7/2/53

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2 ..., 19 53, to 7/19 ..., 19 54, that I last saw the deceased alive on 7/19, 19 54, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D — ADDRESS Crownsville, Md. — DATE SIGNED 7/20/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/23/54	Mt. Auburn	Balto. Md.

DATE REC'D BY LOCAL REG. 7-23-54 — REGISTRAR'S SIGNATURE Paul Hedrick Deputy — 24. FUNERAL DIRECTOR — ADDRESS William L. Chatham Jr. 1701 McCulloh St. Balto. Md.

MARGIN RESERVED FOR BINDING

MARYLAND · 6103

06107

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (In this place) 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNE ARUNDEL GENERAL HOSPITAL 26

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	EDWARD	S	BRITTON SR		JULY	1,	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	OCTOBER 16, 1901	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Proprietor	Gas station	Eastport, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE H. BRITTON	SARAH E. COLBURN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	214-05-1345	Mrs Edna M. Britton- Wife- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Peritonitis - Ruptured Colitis (Perforation) 48 hrs

Antecedent cause(s) Acute Purulent Phlebitis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Duodenum with Stenosis 1 year

(c) Perforating ulcer 6 Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis 15 years

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 30 '54	Carcinoma Duodenum, perforating ulcer	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 21, 1954, to July 1st, 1954, that I last saw the deceased alive on July 1st, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edgar L. Bond	M.D.	Annapolis Md	July 3-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 3, 1954	Cedar Bluff Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3, 1954	H. O. Bond	Ben L. Hopping and Son	Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06108

6131 CERTIFICATE OF DEATH Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crownsville LENGTH OF STAY (in this place) Appr 6 yrs 11 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Golds boro
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) (Last) Brooks
4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	Colored	Widow	1-11-1880	74 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Morris
14. MOTHER'S MAIDEN NAME: Alice — Wilford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval Between Onset And Death: 3 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ...

DUE TO

(c) Hypertensive Cardiovascular Dis — Yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1953, to July 31, 1954, that I last saw the deceased alive on July 31, 1954, and that death occurred at 4:10 pm, from the causes and on the date stated above.

SIGNATURE Faye W. Allen (Degree or title) M.D. ADDRESS 10 Carroll DATE SIGNED 7-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/3/54 NAME OF CEMETERY OR CREMATORY Union LOCATION (City, town, or county) Near Goldsboro, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-4-54 REGISTRAR'S SIGNATURE B. M. Joe

24. FUNERAL DIRECTOR J. E. Boulden ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6104

06109

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 1 wk; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Edgewater Rt. 3; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Doogus (Middle) Allen (Last) Burnette. 4. DATE OF DEATH (Month) July (Day) 7 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	Nov. 24 1911	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bus driver	Bus maintenance shop	Lowndes Alabama	

13. FATHER'S NAME: John L Burnette 14. MOTHER'S MAIDEN NAME: Elizabeth Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	427-12-7188	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured femoral Junction Comminuted

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) .....

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 7 days.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg. etc., INJURY College Bldg.	21c. (City or town) (County) A.A.Co	(State) MD

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☑ Not while at work ☐	21f. HOW DID INJURY OCCUR?
6	30	54	9 A.M.		Fell from ladder - 20 feet

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. Lee Lucas M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-8-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-12-54	Ebenezer Cemetery	Stanton, Alabama

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-8-54	Essie Mae Williams	T. A. Hardesty & Son	Galesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06110

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6132 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 3yrs. 6½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1111 E. Pratt Street

3. NAME OF DECEASED: (Type or Print) (First) Beatrice (Middle) Cicila (Last) Campbell

4. DATE OF DEATH. (Month) 7 (Day) 23 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4/4/91

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR, Months — Days — IF UNDER 24 HRS., Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of G.I. Tract — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis — 2-3 yrs

19A. DATE OF OPERATION: — — — —

19B. MAJOR FINDINGS OF OPERATION — — — — — — — —

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — — — — — — — — — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 7/20, 19 53, to 7/23, 19 54, that I last saw the deceased alive on 7/23, 19 54, and that death occurred at 8:10 AM, from the causes and on the date stated above.

SIGNATURE Guilford E. Naranjit M.D. ADDRESS Crownsville, Md. DATE SIGNED 7/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 7/30/54 | NAME OF CEMETERY OR CREMATORY Crownsville State Hosp. | LOCATION (City, town, or county) Crownsville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-29-54 | REGISTRAR'S SIGNATURE K M S gca

24. FUNERAL DIRECTOR Arnold H. Eichel, M.D. ADDRESS Crownsville, Md.

6133

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 111

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS On shore-Pasadena, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural, give location) 7 Irving Place

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) D. (Last) CANAPP

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7-14-1910
9. AGE last birthday: 44 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Electrician Retired
10b. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry E. Canapp
14. MOTHER'S MAIDEN NAME: Helen Humphry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 215-10-9140
17. INFORMANT & ADDRESS: Mary E. Grimm - Pikesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary thrombosis
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY water
21c. (City or town) Pasadena (County) Anne Arundel (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Found July 22, 1954
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Sustained heart attack and fell into water

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Kurt Grimm
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7/23/54

26. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7-24-54
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville Md

DATE REC'D BY LOCAL REG. 7-23-54
REGISTRAR'S SIGNATURE A W Hedrick
27. FUNERAL DIRECTOR ADDRESS Frank H. Newell Pikesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11A - 5 - 53

MARYLAND 6134

06112

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY a a. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Beach | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. G. Co Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY a a
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN South Tunes
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) H. (Last) Cantler
4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write): Widower
8. DATE OF BIRTH: July 19th 1861
9. AGE last birthday: 93 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Oysters - Fish
11. BIRTHPLACE (State or foreign country): Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Cantler
14. MOTHER'S MAIDEN NAME: Susannah Harwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Vern Patterson Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Vascular Accident	2 weeks.
Antecedent cause(s)	(b)	Generalized Arteriosclerosis	unknown.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7., 1954, to 7-27., 1954, that I last saw the deceased alive on 7-26, 1954, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE: Edward L Beck (Degree or title) MD ADDRESS: 41 Southgate Ave Annapolis DATE SIGNED: 7-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 7-30-54 | NAME OF CEMETERY OR CREMATORY: Cedar Bluff | LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: July 29, 1954 | REGISTRAR'S SIGNATURE: Edward Collins

24. FUNERAL DIRECTOR: John M Taylor Son ADDRESS: Annapolis Md

MARGIN RESERVED FOR BINDING

AUG
V. S.

06113

MARYLAND 6105

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis | LENGTH OF STAY (In this place): 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS: A.A. Gen'l. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland | COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena P.O.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) D (Last) CHATTERTON

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 25 1953

9. AGE last birthday: 1 yrs. | If under 1 year: Months. | Days 26 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John N. Chatterton

14. MOTHER'S MAIDEN NAME: Joan A. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. John N. Chatterton, Pasadena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Extreme hyperthermia of unknown cause	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) dehydration	24 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1954, to July 15, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE: Neal H. Levin (Degree or title) MD | ADDRESS | DATE SIGNED: 7/15/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 17 1954	Glen Haven Cemetery	Glen Burnie	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/19/54	Wm. J. French	R. V. Singleton	Glen Burnie, Md.
July 16, 1954	L J Dalba mt		

MARGIN RESERVED FOR BINDING

6135 MARYLAND STATE DEPARTMENT OF HEALTH 06115

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE-ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. PASADENA | LENGTH OF STAY (in this place) 1 mile
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAGOTHY-BEACH

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1123 SARGEANT ST

3. NAME OF DECEASED (Type or Print): (First) Tyson (Middle) Edward (Last) Currens.
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	married	7/19/99	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Chauffeur	Private Family	TABLE-ROCK-PENN	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wallace A. CURRENS.	FANNIE-PLANK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-03-5851	Mrs. MARGARET-CURRENS. (w/f)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Leonard A. Frankenfield — (Degree or title) Deputy Coroner — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 7/29/54

FINAL DISPOSITION (Burial, Cremation, Removal, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/2/54	Loudon Park Cem.	3501 Frederick Ave.	

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: John J. Cowan & Son — ADDRESS: 902 Holins St.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06116

D. 6106 CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. G. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 8 Thompson Ct

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) P. (Last) Darden

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Married)

8. DATE OF BIRTH: Apr. 21 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Never if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country) Wayne Co North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Dr J. E. Person

14. MOTHER'S MAIDEN NAME: Araminta Coley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9 —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: William G. Darden Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Failure & Pulmonary Edema DUE TO — Interval Between Onset And Death: 6 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Dilitation - Cause unknown DUE TO — 10 yr.

(c) Terminal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April, 1952 to July 7, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 4:22 PM, from the causes and on the date stated above.

SIGNATURE Frank H Shipley (Degree or title) M.D. ADDRESS Annapolis DATE SIGNED 7/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-9-54 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Prince Geo Co (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 9, 1954 REGISTRAR'S SIGNATURE [signature] FUNERAL DIRECTOR John M Hayes & Sons ADDRESS Annapolis Md.

: 6136 MARYLAND STATE DEPARTMENT OF HEALTH

06117

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 14 film G169A 7/23/54 cr

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING. PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ans... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
LENGTH OF STAY (In this place) 2½ years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elvaton.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elvaton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lotus (Middle) Elizabeth (Last) Duvall.

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) W-divorced

8. DATE OF BIRTH: 11/4/64

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Severn, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Johnson

14. MOTHER'S MAIDEN NAME: unknown Whalley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. A. Dempsey (Longwell)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arterio-sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ronald A. Poulton M.D. Deputy Med. Examiner. Glen Burnie Md. 7/16/54

FINAL DISPOSITION (Burial, Cremation, Removal, Specify) Burial | DATE THEREOF 7-17-54 | NAME OF CEMETERY OR CREMATORY Glen Haven. | LOCATION (City, town, or county) Bath. (State)

DATE REC'D BY LOCAL REG. 7-16-54 | REGISTRAR'S SIGNATURE A. W. Hudnut | 24. FUNERAL DIRECTOR — ADDRESS

J. L. McCurry 130 E. Fort Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06118

6137 CERTIFICATE OF DEATH Reg. Dist. No. 20

1 PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Davidsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
STREET ADDRESS (If rural give location) Central Ave

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) S (Last) Elsts
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 23, 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Latvia
12. CITIZEN OF WHAT COUNTRY? Latvia
13. FATHER'S NAME: Kasper Pasters
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Grandson Joseph Elsts - Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO Cerebral Vascular Accident — 15 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to July, 1954, that I last saw the deceased alive on 22 June, 1954, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

SIGNATURE Edward L Beck (Degree or title) MD ADDRESS 41 Southgate Ave DATE SIGNED 7-11-54

BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 14, 1954 NAME OF CEMETERY OR CREMATORY Owensville Catholic Cemet LOCATION (City, town, or county) (State) Owensville, Maryland

DATE REC'D BY LOCAL REGISTRAR July 13, 1954 REGISTRAR'S SIGNATURE Carrie J Smith Reg 7-14-54 24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 19 195.
BUREAU V. S.

MARYLAND 6138

06119

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. [redacted]

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 27 N. Carey Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Evelyn (Last)

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6/12/75

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): British West Indies

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT AND ADDRESS: -- Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cardiac Failure — Interval Between Onset and Death: Since 6/17/54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Generalized arteriosclerosis — Known to us since 8/12/53

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - - - - - - - - - - - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - -

(CITY OR TOWN) (COUNTY) (STATE): - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 8/12, 19 53, to 7/6, 19 54, that I last saw the deceased alive on 7/6, 19 54, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold N. Eichert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 7/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/10/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county): Mt Olivet Cem. Balto — (State): Md

DATE REC'D BY LOCAL REG.: 7-7-54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR — ADDRESS: Wayner Sanders 217 E. Preston St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06120

6139 CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Magothy Beach Rd Box 103

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural give location) Magothy Beach Rd. Box 103

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HOWARD (Last) EYERLY

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Oct 8 1885 | 9. AGE last birthday: 68 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): maintenance | 10b. KIND OF BUSINESS OR INDUSTRY: (Rt.) Hillman's store | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Eyerly

14. MOTHER'S MAIDEN NAME: Clara Sheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Theodore Hillman - Mt. Rd. Pasadena P.O. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Probable cerebrovascular accident — Interval Between Onset And Death: 5 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 260X (b) arteriosclerotic cardiovascular disease (also hypertension) — years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — years

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1953, to 7/18, 1954, that I last saw the deceased alive on 7/8, 1954, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. F. Parsons M.D. ADDRESS Mountain Rd, Pasadena, Md DATE SIGNED 7/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/20/54 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | LOCATION (City, town, or county) Balto. | (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 19, 1954 | REGISTRAR'S SIGNATURE L. J. Daeba | 24. FUNERAL DIRECTOR R. Livingston | ADDRESS Glen Burnie, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06121

6107 CERTIFICATE OF DEATH Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY A A. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY AA; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galesville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Robert (Middle) (Last) Forrester

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1954

5. SEX M | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: March 17 1936 | 9. AGE last birthday: 18 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10B. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Galesville | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Forrester | 14. MOTHER'S MAIDEN NAME: Mary Foote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Annie Easton, Galesville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSE (B) DUE TO ac. Pulmonary edema — 6 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Exogenous Obesity — 15 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to 7/14, 1954 that I last saw the deceased alive on 7/14/54, 1954, and that death occurred at 330 P.M, from the causes and on the date stated above.

SIGNATURE Frank M. Shipley | ADDRESS M.D Annapolis | DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF July 16 1954 | NAME OF CEMETERY OR CREMATORY Edmonds | LOCATION (City, town, or county) (State) West River Md

DATE REC'D BY LOCAL REGISTRAR July 16, 1954 | REGISTRAR'S SIGNATURE [illegible] | 24 FUNERAL DIRECTOR Hardesty Funeral Home | ADDRESS Galesville Md

RECEIVED
JUL 1954
BUREAU V. S.

6140 MARYLAND STATE DEPARTMENT OF HEALTH 06122

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Beach. | LENGTH OF STAY (In this place) 15 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Magothy River.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Beach. - R.D. Pasadena.
STREET ADDRESS (If rural, give location) River Road.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Paul	R.	Lieb.	July	25	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Single.	11/13/48	5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Royal Beach.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis John Lieb.	Agnes Finger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs. F. J. Lieb - Father.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) ACCIDENTAL - DROWNING.	Sudden.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Magothy River	(CITY OR TOWN) Royal Beach.	(COUNTY) A. A.	(STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
7/25/54 3 P. m.		Fell off a raft in the river.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave H. Faulenbach.	Deputy Md. Examiner.	Glen Burnie, Md.	7/25/54.

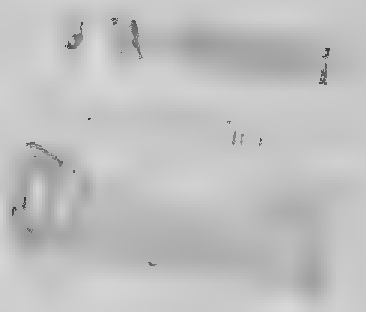
BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or country)	(State)
Burial	July 28 54	Holy Cross Gardens	Ritchie (Glen Burnie)	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27, 1954	L. J. Daehn	Bernard A. Trout & Sons, Glen Burnie, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A



6141 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06123

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Glen Burnie — LENGTH OF STAY (in this place) 32y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN do
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) L. (Last) Hackmann Jr.
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1/7/80
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Hackmann
14. MOTHER'S MAIDEN NAME: Barbara Pfoetner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Ellie Snyder (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. DID EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Lawrence H. Rauchfuss M.D. Deputy Medical Examiner Glen Burnie, Md. 7/21/54

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/24/54 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7-23-54 — REGISTRAR'S SIGNATURE: J. H. Hedrick Deputy — 24. FUNERAL DIRECTOR — ADDRESS: John F. Denny, Inc. 715 Light St

-30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06124

6142 **CERTIFICATE OF DEATH** Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wye Mills
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) (Last) Harris

4. DATE OF DEATH. (Month) 7 (Day) 11 (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 1904? | 9. AGE last birthday 50? yrs. | IF UNDER 1 YEAR Months — Days — | IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dishwasher
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — Known to us since 6/24/54

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Chronic nephritis
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive arteriosclerotic cardio-vascular-renal disease

19A. DATE OF OPERATION: 6/4/54
19B. MAJOR FINDINGS OF OPERATION: Pan hysterectomy
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24, 19 54, to 7/11, 19 54, that I last saw the deceased alive on 7/11, 19 54, and that death occurred at 10:10a M, from the causes and on the date stated above.

SIGNATURE C. E. Hubah M. D.
ADDRESS Crownsville, Md.
DATE SIGNED 7/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-14-54
NAME OF CEMETERY OR CREMATORY Royal Oak
LOCATION (City, town, or county) (State) Royal Oak, Md.

DATE REC'D BY LOCAL REGISTRAR July 13, 1954
REGISTRAR'S SIGNATURE K. M. Sooer
24. FUNERAL DIRECTOR AND ADDRESS J. B. Dashiell - Easton, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06125

6108 CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 91 Prince George St.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) E. (Last) Hipkins

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Dec. 18, 1889

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Hipkins

14. MOTHER'S MAIDEN NAME: Elizabeth Brooks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Walter Hipkins Same as #2 Above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage with — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (b) Pt. hemiplegia — 7 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c) Arteriosclerotic Heart Disease

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus — 4 yrs

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 5, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Brice M.D. ADDRESS Annapolis Md. DATE SIGNED 7.6.54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 7-8-1954 NAME OF CEMETERY OR CREMATORY St. Anne's LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 7, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06126

6109 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1 PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Admiral Drive

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) Admiral Drive

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) (Last) Holmes

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1954

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 5-1-1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Timothy Harris

14. MOTHER'S MAIDEN NAME: Mary Bailey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or Unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Marie Digges Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4438 Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular dis ? DUE TO

(c)

Interval Between Onset And Death: (a) 6 mos. (b) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to July 11, 1954, that I last saw the deceased alive on July 11th 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE Faye W. Adler (Degree or title) M.D. ADDRESS 18 Carroll DATE SIGNED 7-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) (Burial) DATE THEREOF 7-15-54 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 15, 1954 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR William Dessett ADDRESS 108 W. Washington St. Annapolis, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING (2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07158

6143 CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 52

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade X
LENGTH OF STAY (in this place) unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 600 Harford Road

3. NAME OF DECEASED: (Type or Print) (First) Axel (Middle) - (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: unknown

9. AGE last birthday 56 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Carcinoma bronchogenic

ANTECEDENT CAUSE (B) DUE TO with metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 6 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: -

19B. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 July, 19 54, to 31 July, 19 54, that I last saw the deceased alive on 31 July, 1954, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE algirdas Kudirka Capt. M. D. ADDRESS Fort Meade, Maryland DATE SIGNED 31 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF unknown | NAME OF CEMETERY OR CREMATORY National Cemetery | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 31 July 54 | REGISTRAR'S SIGNATURE T. A. GORDON, CWO USA

24. FUNERAL DIRECTOR J. F. Birch & Sons, ADDRESS Washington, D. C.

BUREAU V. S.

06128

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6144 **CERTIFICATE OF DEATH** Reg. Dist. No. 2-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106A Hurt Ave S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie
STREET ADDRESS (If rural, give location) 106 A 1st Ave., S. W.

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) K. (Last) JONES

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
F	W		Oct. 7, 1879	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Maryland	

13. FATHER'S NAME: Cecil Karsner

14. MOTHER'S MAIDEN NAME: - Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Glen Burnie, Md. Mr. Walter S. Jones - 106 A 1st Ave., S. W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction DUE TO	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis, general DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from 6/26, 1954, to 7/16, 1954, that I last saw the deceased alive on 7/10, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bobby L. Jones, MD Glen Burnie 7/16/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/19/54	Western Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-19-54	H. E. Hebert	Wm. J. Pickner & Sons	Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06129

6145 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joyce Station
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joyce Station
STREET ADDRESS (If rural give location) Joyce Lane

3. NAME OF DECEASED: (Type or Print) (First) Cyrus (Middle) N. (Last) Joyce
4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)
8. DATE OF BIRTH: 6-4-1874
9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumber Steamfitter
11. BIRTHPLACE (State or foreign country): Joyce Station
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Cyrus N. Joyce
14. MOTHER'S MAIDEN NAME: Eliza Collinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: Mr. Walter C. Monroe Joyce Lane A.A.Co. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary Thrombosis
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart
DUE TO (c) Senility

Interval Between Onset And Death: (a) Sudden (b) 4 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlarged Prostate — Unrel. Agro

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,1952, to July 8, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Hugh C. Baird M.D.
ADDRESS Annapolis Md.
DATE SIGNED 7-9-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)
DATE THEREOF July 11 54
NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemt.
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 11, 1954
REGISTRAR'S SIGNATURE H. C. Brown
24. FUNERAL DIRECTOR John M. Taylor & Son
ADDRESS Annapolis Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06139

6146 CERTIFICATE OF DEATH

Reg. Dist. No. 23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN North Linthicum — LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Charles Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Linthicum
STREET ADDRESS (If rural give location) 1 Charles Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Rudolph (Last) Keyes.

4. DATE OF DEATH. (Month) July (Day) 24 (Year) 1954

5. SEX M | 6. COLOR OR RACE. W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Mar. | 8. DATE OF BIRTH: June 4 1896 | 9. AGE last birthday 58 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Clerk | 10B. KIND OF BUSINESS OR INDUSTRY Meat Mark | 11. BIRTHPLACE (State or foreign country) Maryland Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Keyes

14. MOTHER'S MAIDEN NAME: Elizabeth Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-12-4124

17. INFORMANT & ADDRESS: Mrs. Helene K. Keyes (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 1 mo.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) 6-26 (Day) (Year) (Hour) 7 M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5/54, 19.., to 7/24/54, 19.., that I last saw the deceased alive on 7/24/54 19.., and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE Thos. L. Ball Jr. M. D. ADDRESS Linthicum DATE SIGNED 7/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/ /54 | NAME OF CEMETERY OR CREMATORY Meadowridge Cem. | LOCATION (City, town, or county) (State) Elkridge, Md.

DATE REC'D BY LOCAL REGISTRAR 7-26-54 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tickner & Son ADDRESS Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G168
7/8/54 fcy

6147 CERTIFICATE OF DEATH

06131
Reg. Dist. No. 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ferry Farms

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural give location): Ferry Farms

3. NAME OF DECEASED: (First) Athena (Middle) (Last) Kosmides
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 15, 1870
9. AGE last birthday: 83 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Turkey
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michale Kairedes
14. MOTHER'S MAIDEN NAME: —
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Gus Diamond - Ferry Farms

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Arteriosclerotic Heart — Interval Between Onset And Death: several
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Disease — 1 year
DUE TO
(c) Generalized Arteriosclerosis — several year.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystocele, Rectocele - Uterine prolapse — 5 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to July 1, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George C Bosie M. D. Annapolis Md 7-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-5-1954 NAME OF CEMETERY OR CREMATORY St. Margarets LOCATION (City, town, or county) Anne Arundel Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 2, 1954 REGISTRAR'S SIGNATURE J. A. Dowell
24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

VS. A15

RECEIVED
JUL 6 1
SUPREME COURT, U. S.

MARYLAND

6110

06132

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 Murray Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 18 Murray Ave

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) BELLE (Last) LACEY

4. DATE OF DEATH: (Month) JULY (Day) 11, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 13, 1870

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): McGaheysville, Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J.H. Rush

14. MOTHER'S MAIDEN NAME: Emma Royer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Wm J. Lacey Son Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute dysentery — Interval Between Onset and Death: 1 Day.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic-Cardio Vascular Disease — 1 Yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1954, to July 11, 1954, that I last saw the deceased alive on July 11, 1954, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE: Albert R. Cederson, MD (Degree or title) ADDRESS: 44 Santiquloe? Annapolis, Md DATE SIGNED: 7/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 14, 1954 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: July 13, 1954 — REGISTRAR'S SIGNATURE: [illegible] O'Donnell

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

06133

MARYLAND 6111 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 129 Conduit St.

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Virginia (Last) Larkin

4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 19 54

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Widow

8. DATE OF BIRTH 3-5-1879

9. AGE Last birthday 73 yrs. If under 1 year Months. If under 24 hrs. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME Henry Silver

14. MOTHER'S MAIDEN NAME Margaret Pallmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Morgan C. Parlett Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 3 4 . 1

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset and Death: about 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular fibrillation — 1 week

(c) with Auricular Intraventricular Block

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1954, to July 22, 1954, that I last saw the deceased alive on July 22, 1954, and that death occurred at 10:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Oliver Towns M.D. ADDRESS Annapolis Md. DATE SIGNED 7-24-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE 7-27-54 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. July 24 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

06134

MARYLAND 6112 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural, give location) 155 Gloucester St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) W. (Last) Lee

4. DATE OF DEATH (Month) 7- (Day) 24 (Year) 1954

5. SEX F. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write) Single

8. DATE OF BIRTH Mar-10-1865 | 9. AGE last birthday 89 yrs. | If under 1 year Months. | Days | If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Emory T. Lee

14. MOTHER'S MAIDEN NAME Unknown -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Lyda Lee Warner 155 Gloucester St Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 17yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan' ., 1954, to July 24, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 2 05 P.M., from the causes and on the date stated above.

SIGNATURE James R. Mitchell (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 7-24-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 26, 1954 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

MARGIN RESERVED FOR BINDING

6113

06135

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS 414 Fourth St. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Lewis

4. DATE OF DEATH (Month) 7 (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Married

8. DATE OF BIRTH: 2-1-1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter U. S. N. Academy

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William H. Lewis

14. MOTHER'S MAIDEN NAME: Ida Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Minnie J. Lewis 447 Fourth St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Chas Lauth M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-13-54

NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemt

LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. July 13, 1954

REGISTRAR'S SIGNATURE H. V. Donnel

24. FUNERAL DIRECTOR John M. Taylor Funeral Home

ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06136

6148

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum
LENGTH OF STAY (in this place) 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 O St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE,
STREET ADDRESS (If rural give location) 404 O. STREET S.E.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Jefferson (Last) Lopeus

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5/3/1875

9. AGE last birthday 76 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Lopeus

14. MOTHER'S MAIDEN NAME: Mary Flusher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 219-22-5554

17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

(A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(B) Arterio-sclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

July 1954

10 Mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes

5 Yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1954 to 7/8/54, 19 ..., that I last saw the deceased alive on 7/8/54, 19 ....., and that death occurred at 8:35 P.M., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball M. D. ADDRESS Linthicum DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 12, 1954

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) (State) Glen Burnie Md

DATE REC'D BY LOCAL REGISTRAR July 9, 1954

REGISTRAR'S SIGNATURE L. J. Dacey

24. FUNERAL DIRECTOR W. Singleton ADDRESS Glen Burnie, Md.

MARYLAND 6114 06137

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A A — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md. — STREET ADDRESS (If rural, give location) Severn Grove

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Anne (Last) Marshall

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7-10-54

9. AGE last birthday: yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: John R. Marshall

14. MOTHER'S MAIDEN NAME: Anne Kowalczk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: John R. Marshall Severn Grove R.F.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Birth patern infection (c)

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1954, to 7-11, 1954, that I last saw the deceased alive on 7-11, 1954, and that death occurred at 5 25P m., from the causes and on the date stated above.

SIGNATURE Philip Parsons (Degree or title) M.D. — ADDRESS 95 College Ave — DATE SIGNED 7/12/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE 7-12-54 — NAME OF CEMETERY OR CREMATORY St Margarets — LOCATION (City, town, or county) St Margarets (State) Md

DATE REC'D BY LOCAL REG. July 12, 1954 — REGISTRAR'S SIGNATURE [illegible] — 2074 — 24. FUNERAL DIRECTOR John M. Leyla Sons — ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

ARCHIVES
CURAÇAO V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06138

6149 CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Ft George G. Meade, Md. — LENGTH OF STAY (in this place) 3 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Texas — COUNTY [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Houston

STREET ADDRESS (If rural give location) 8702 Sandra St.

3. NAME OF DECEASED: (Type or Print) (First) Billy (Middle) Albert (Last) Mathews

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	single	22 Jul 54			3

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
–	–	Maryland	USA

13. FATHER'S NAME: Billy Carrel Mathews

14. MOTHER'S MAIDEN NAME: Geneva Oldham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
–	–	none	Father: Hq Hq 21st ACU, Ft [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: congenital hydrocephalus — Interval Between Onset And Death: at birth

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Prematurity

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
–	–	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
–	–	–		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
– m.		–

22. I hereby certify that I attended the deceased from 1235 22 Jul 54, 19..., to 0330 22 Jul 54, 19..., that I last saw the deceased alive on 22 Jul, 19 54, and that death occurred at 0330 22 Jul 54 from the causes and on the date stated above.

SIGNATURE Robert Moore (Degree or title) M.D. ADDRESS Ft. Meade, Md. DATE SIGNED 22 July 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	unknown	Wells Cemetery	Wells, Texas

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
23 Jul 54	T.A. [illegible], U.S., USA	Jn. Cook, Inc.	Balto., Md.

RECEIVED
JUL 13 1934
FILED U. S.

06139

MARYLAND 6150

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lloyd (Middle) Tindall (Last) Meeds

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: April 9, 1871

9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Immigration Offcr

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Eleanor Tindall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Ellen La Himer - Edgewater, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — Interval between Onset and Death: 2yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ...

(c) Carcinoma Prostate c metastases — 3yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19..., to 7/22, 1954, that I last saw the deceased alive on 7/22/54, 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE E. Rm. Lucas. (Degree or title) MD — ADDRESS Gambrills, Maryland — DATE SIGNED 7/23/54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE 7-24-1954 | NAME OF CEMETERY OR CREMATORY Congressional | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. July 23, 1954 | REGISTRAR'S SIGNATURE Edward Carlinson | 24. FUNERAL DIRECTOR L. H. Hines Co. | ADDRESS Washington, DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06140

6151 CERTIFICATE OF DEATH Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville-Rural
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Indian Landing Road

2. USUAL RESIDENCE (HOME) OF DECEASED Anne Arundel
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
STREET ADDRESS (If rural give location) Indian Landing Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Ulrich (Last) Mengele
4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: March 26, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Shearman
10b. KIND OF BUSINESS OR INDUSTRY Novelty Co Porcelain Enamel
11 BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mengele
14. MOTHER'S MAIDEN NAME: Veronica Fruchsalager

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Michael Mengele Indian Landing Road, Millersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of Lung
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death: 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

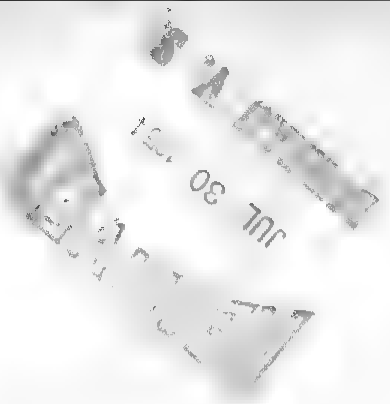
19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. . ,1954, to July 25, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 11:20 P.M. from the causes and on the date stated above.
SIGNATURE E. J. Oberndorf (Degree or title) M.D. ADDRESS Edgemere Md DATE SIGNED 7-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 29-1954
NAME OF CEMETERY OR CREMATORY Our Lady of the Fields
LOCATION (City, town, or county) (State) Millersville, Maryland
DATE REC'D BY LOCAL REGISTRAR July 28, 1954.
REGISTRAR'S SIGNATURE Katherine M. Joyce
24. FUNERAL DIRECTOR T. Leighton Glen Burnie, Md.
ADDRESS
E. J. D'Alba Asst.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6152 **CERTIFICATE OF DEATH** Reg. Dist. No. 06141

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 20½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annap
STREET ADDRESS (If rural give location) unknown

3. NAME OF DECEASED: (Type or Print) (First) Georgette (Middle) (Last) Hitchell

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 19 54

5. SEX: Fe

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ?

9. AGE last birthday 55 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Mitchell

14. MOTHER'S MAIDEN NAME: Hattie Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1 IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized Arteriosclerosis — 7yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ..., 19 53 to July 7, 19 54, that I last saw the deceased alive on July 7, 19 54, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE Guy W. Allen M.D. M.D. ADDRESS 10 Conrad St DATE SIGNED 7-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7/9/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) University Med School Baltimore Md

DATE REC'D BY LOCAL REGISTRAR July 9 1954 — REGISTRAR'S SIGNATURE Kathryn M. Joyce — 24. FUNERAL DIRECTOR & ADDRESS Frances A. Hemeley 57 Biddle St

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

06142

6153

2411 N. Charles Street, Baltimore

Item 2 film G166A 8/5/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH — COUNTY: A.A. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 202 5th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS: same (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M. (Last) Moore
4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: 2-7-1850
9. AGE last birthday: 104 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Family Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 Day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to 29 Jul, 1954, that I last saw the deceased alive on 29 Jul, 1954, and that death occurred at 1930 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin Berdiansky — ADDRESS: — DATE SIGNED: 30 July 54

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 7.31.54 — NAME OF CEMETERY OR CREMATORY: St. Mary's — LOCATION (City, town, or county): Balto Co. (State)

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: J. L. McCurley — ADDRESS: 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07058 w c

MARYLAND 6154

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 2 yrs. 9½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1101 N. Carey Street

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) (Last) Morgan

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 19 54

5. SEX F

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1897?

9. AGE last birthday 57? yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) South Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) Unk.

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: Known to us since adm. 10/17/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic heart disease — since adm. 10/17/51

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3/54, 19..., to 7/29, 19 54, that I last saw the deceased alive on 7/29, 19 54 and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE C E Kubah (Degree or title) M D — ADDRESS Crownsville, Md. — DATE SIGNED 7/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE 7/31/54 — NAME OF CEMETERY OR CREMATORY Mt Auburn — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. July 31 1954 — REGISTRAR'S SIGNATURE RW

24. FUNERAL DIRECTOR — ADDRESS Holland Funeral Home 1631 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06143

6155

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 — 10-5

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ... LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural give location) ...

3. NAME OF DECEASED: (Type or Print) (First) ... (Middle) ... (Last) ...

4. DATE OF DEATH: (Month) ... (Day) ... (Year) 19 ...

5. SEX: ...

6. COLOR OR RACE: ...

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ...

8. DATE OF BIRTH. ...

9. AGE last birthday yrs. ... IF UNDER 1 YEAR Months ... Days ... IF UNDER 24 HRS. Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ...

14. MOTHER'S MAIDEN NAME: ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ... (If Yes, give war or dates of service) ...

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Thomas E. Morris, Fa...

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 ...

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO ...

(C) ...

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ...

19A. DATE OF OPERATION. ...

19B. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ...

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ...

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ...

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. ...

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from 13 July, 19[illegible], to 14 July, 19 .., that I last saw the deceased alive on 14 July, 19[illegible], and that death occurred at 12:20 M, from the causes and on the date stated above.

SIGNATURE Frederick S. Eadie, M. D. ADDRESS ... DATE SIGNED ...

23. BURIAL, CREMATION, REMOVAL (SPECIFY) ...

DATE THEREOF ...

NAME OF CEMETERY OR CREMATORY ...

LOCATION (City, town, or county) (State) Fort George G. Meade, Mary...

DATE REC'D BY LOCAL REGISTRAR ...

REGISTRAR'S SIGNATURE J. A. Barton

24. FUNERAL DIRECTOR ...

ADDRESS ...

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06144

CERTIFICATE OF DEATH

6156 Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Anne Arundle MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunset Beach
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homeland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1017 S. Hanover St.

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) M. (Last) Mount
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 19 54

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Aug. 1[illegible], 1900
9. AGE last birthday: 53 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Heil
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Clarende L. Mount- 1017 S. Hanover St.

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a)	Coronary Heart disease	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertension	2 yrs
	DUE TO (c)	Arteriosclerosis	4 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Previous Coronary 3 months ago	

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan [illegible], 19 54, to July 5, 19 54, that I last saw the deceased alive on July 5, 1954, and that death occurred at [illegible], from the causes and on the date stated above.
SIGNATURE (Degree or title) Isaac Miller MD ADDRESS 128 Allen St DATE SIGNED 7/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 8, 1954
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Frederick Ave. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 7 8 54
REGISTRAR'S SIGNATURE A W Hennessy
24. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216 S. Charles St Balto. 30

VS. A15

MARYLAND 6115 06145

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY a a. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md. LENGTH OF STAY (in this place) MARYLAND. HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY a a. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis. STREET ADDRESS 231 Prince Geo St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sue (Middle) Allen (Last) Mumford

4. DATE OF DEATH: (Month) 7- (Day) 29- (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-30-1879

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Mumford

14. MOTHER'S MAIDEN NAME: Mary Francis Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of [redacted])

16. SOCIAL SECURITY NO.: [redacted]

17. INFORMANT AND ADDRESS: Robert H. Maury 231 Prince Geo St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senile Arteriosclerosis — Interval Between Onset and Death: unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8-, 1954, to 7-29-, 1954, that I last saw the deceased alive on 7-28-, 1954, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE: Edward Beat (Degree or title) MD — ADDRESS: 4 Lowndes Ave Annapolis — DATE SIGNED: 7-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: 7-31-1954 — NAME OF CEMETERY OR CREMATORY: Bedenkbluff — LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG: July 31, 1954 — REGISTRAR'S SIGNATURE: [redacted]

24. FUNERAL DIRECTOR: John W. Taylor Sons — ADDRESS: Annapolis Md

AUG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6157 CERTIFICATE OF DEATH

06146
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural give location) Riverside Drive

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) J. (Last) MYNAR

4. DATE OF DEATH: (Month) JULY (Day) 11 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 6, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). Tailor & Furrier (rtd)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bohemia

12 CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Mynar

14. MOTHER'S MAIDEN NAME: Anna Dobihal

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Joseph F. Mynar - 4606 Riverside Drive

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

H. O.1

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death: IMMEDIATE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CORONARY SCLEROSIS — 15 YEARS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT ..., 1947, to ...JULY 11, 1954, that I last saw the deceased alive on JULY 9, 1954, and that death occurred at 9:57 P.M. from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M. D. ADDRESS Riviera Beach Md. DATE SIGNED 7/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/15/54

NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 7-13-54

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Dickner & Sons ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

06147

6158

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton; LENGTH OF STAY (In this place): 6 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: The National Plastic Prod. Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: 3 V 0 1; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 4111 Groveland Ave.

3. NAME OF DECEASED (Type or Print): (First) Ben. (Middle) L. (Last) Nathanson

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8/6/95

9. AGE last birthday: 58 y. yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker at the Plastic Plant.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adolph Nathanson

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-10-8154

17. INFORMANT AND ADDRESS: 4111 Groveland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronay Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection* X *, Inquiry* X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* X*, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Gustave N. Baudendistel M.D.

(Degree or title): Deputy Medical Examiner.

ADDRESS: Glen Burnie, Md.

DATE SIGNED: 7/13/54

BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-15-1954

NAME OF CEMETERY OR CREMATORY: Rosedale

LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG: 7-15-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Jack Lewis Inc.

ADDRESS: 2100 Eutaw Pl.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6116 CERTIFICATE OF DEATH

Reg. Dist. No. 06148

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Genl Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; STREET ADDRESS (If rural give location) Box 324

3. NAME OF DECEASED: (Type or Print) (First) Percival (Middle) Marvin (Last) Padgett

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 21-1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: R.R. Clerk (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. Road.

11. BIRTHPLACE (State or foreign country): La Plata Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph V. Padgett

14. MOTHER'S MAIDEN NAME: Roberta Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Lenore E. Padgett - Odenton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1954, to July 23, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 11:50 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. G. Merritt M.D. ADDRESS Gambrills DATE SIGNED 7-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 29-1954

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) (State) Glen Burnie, Maryland

DATE RECD BY LOCAL REGISTRAR 7/27/54 July 26. 1954

REGISTRAR'S SIGNATURE Wm. J. French L J Baeba asst

24. FUNERAL DIRECTOR R D Singleton

ADDRESS Glen Burnie, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

[illegible] 7 1954
BUREAU [illegible]

6159 07059

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey, Md. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Route 8

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore, City
STREET ADDRESS (If rural, give location) 6-W- Montgomery Street

3. NAME OF DECEASED: (Type or Print) (First) DORIS (Middle) Lee (Last) PARKS
4. DATE OF DEATH (Month) July (Day) 31 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	colored	M	10/16/31	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laundress
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Boardley
14. MOTHER'S MAIDEN NAME: Rosie Lee Pleasants

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) /
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Rosie Lee Boaedley-6 W, Montgomery St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) EXTREME Injuries - Broken Neck - Crushed chest, Fractured legs. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY STREET
21c. (City or town) Rte 8. 500' N. of Rte 176. Dorsey (County) A.A. Co (State) Md
21d. TIME OF INJURY (Month) 7 (Day) 31 (Year) 54 (Hour) 4½ P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Pedestrian hit by Auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R K Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-31-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/6/54
NAME OF CEMETERY OR CREMATORY Mt. Calvary
LOCATION (City, town, or county) A.A.Co., Md (State)

DATE REC'D BY LOCAL REG. 8-5-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Edward L Brown & Son
ADDRESS 108 W Montgomery St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06149

6160 CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Onondaga
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Syracuse
STREET ADDRESS (If rural give location) 1419 N. State Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Carmine (Last) Paventy

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 23 July 1933

9. AGE last birthday 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): soldier

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lewis Paventy

14. MOTHER'S MAIDEN NAME: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 13 April 53 to present

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Service records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Crushing injury to Thorax — INTERVAL BETWEEN ONSET AND DEATH: 40 Min.

ANTECEDENT CAUSE (S) (B) Skull Fracture

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Contusion of both lungs
Pulmonary edema
Rib Fractures
Fracture of sternum

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) street

21C. WHERE DID INJURY OCCUR? (City or town) Fort Meade (County) Anne Arundel (State) Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) July 28 '54 2330 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? automobile accident

22. I hereby certify that I attended the deceased from 28 JUL, 1954 to 29 JUL, 1954, that I last saw the deceased alive on 29 JUL, 1954, and that death occurred at 0010 M, from the causes and on the date stated above.

SIGNATURE Robert S. Young ADDRESS Capt., MC, M. C., Fort Meade, Maryland DATE SIGNED 29 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF unknown

NAME OF CEMETERY OR CREMATORY unknown

LOCATION (City, town, or county) Syracuse (State) New York

DATE REC'D BY LOCAL REGISTRAR 29 July 54

REGISTRAR'S SIGNATURE T. A. GORDON CWO USA

24. FUNERAL DIRECTOR William Cook, Inc.

ADDRESS Baltimore, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Film G169, Item 7, 8-23-54, er

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06150

6117 CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN 10; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural give location) 224 Admiral Drive

3. NAME OF DECEASED: (First) George (Middle) Bradford (Last) Pinckney

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: July 24 1873

9. AGE Last Birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George D. Pinckney

14. MOTHER'S MAIDEN NAME: Ellen Blackston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: 148-12-3536

17. INFORMANT & ADDRESS: Rosa Pinckney, Princeton W. Va

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 144X (a) Extensive Carcinoma of hard palate with cervical metastasis — Interval Between Onset And Death: 2 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operation performed at Johns Hopkins

19a. DATE OF OPERATION: 1. Feb 1954

19b. MAJOR FINDINGS OF OPERATION: Excision of mouth, neck dissection, glands

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 54, to 25 July, 19 54, that I last saw the deceased alive on 25 July, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald Hookey M.D. 90 Cathedral St. Annapolis, Md. 30 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: Burial July 30 54 NAME OF CEMETERY OR CREMATORY: Brewer Hill LOCATION (City, town, or county): Annapolis (State): Md

DATE REC'D BY LOCAL REGISTRAR: July 30, 1954 REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. B. Holman ADDRESS: Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06151

6161 **CERTIFICATE OF DEATH** Reg. Dist. No. 23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum
LENGTH OF STAY (in this place) 36 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 S. Hammonds Ferry Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum
STREET ADDRESS (If rural give location) 108 S. Hammonds Ferry Rd.

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) ELISE (Last) Pippen

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Mar.

8. DATE OF BIRTH: 11/19/95

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsw.

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jud Fadum

14. MOTHER'S MAIDEN NAME: Louise Albrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S ADDRESS: Roy Pippen (Husband)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 X

IMMEDIATE CAUSE (A) Sarcoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Feb. 1954

19B. MAJOR FINDINGS OF OPERATION: Sarcoma of uterus

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 1954 to 7/24 ..., 1954, that I last saw the deceased alive on 7/24 ..., 1954, and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE: Chas. S. Ball Jr. M. D. ADDRESS Linthicum DATE SIGNED 7/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7/26/54

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 7-26-54

REGISTRAR'S SIGNATURE: A W Hedrick

24 FUNERAL DIRECTOR: Wm. J. Vickers & Sons ADDRESS: Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06152

6162

CERTIFICATE OF DEATH

Reg. Dist. No. 27...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ft. Geo. G. Meade
LENGTH OF STAY (in this place) 6 hrs 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-USAH-Ft Geo Meade

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York — COUNTY Nassau
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williston Park L. I.
STREET ADDRESS (If rural give location) 18 Harvard St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) David (Last) Riehl

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 31 July 1954

9. AGE last birthday: ... yrs. IF UNDER 1 YEAR Months ... Days ... IF UNDER 24 HRS Hours 6 Min. 30

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland 2101-USAH-Ft Geo. Meade

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest Riehl

14. MOTHER'S MAIDEN NAME: Lora E. Des Jardins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: Father Ernest Riehl - 612 Wardour Rd. Glen Burnie Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... Prematurity — Interval Between Onset And Death 6 hrs. 30 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 July, 1954, to 31 July, 1954, that I last saw the deceased alive on 31 July 1954, and that death occurred at 0915 hours, from the causes and on the date stated above.

SIGNATURE Maurice C. Ryff (Degree or title) Capt MC ADDRESS Ft Meade DATE SIGNED 31 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2 August 54

NAME OF CEMETERY OR CREMATORY Post Cemetery

LOCATION (City, town, or county) (State) Fort George G. Meade, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 August 1954

REGISTRAR'S SIGNATURE HARRY CARSON WOJG USA

24. FUNERAL DIRECTOR Chaplain Ritter

ADDRESS Fort Meade, Maryland

BUREAU V. C

C163 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06153

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patapsco Park
LENGTH OF STAY (In this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 201 Bishop Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Same — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	W.	Rivers	July	5	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Colored	Single	11/14/92	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Chesapeake Pulp & Paper Manufacturing Co. Corp.	Severna, Georgia.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Rivers	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Josephine Rivers, (sister 2228 7th Ave, New York City, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave A. Laubert M.D.	Deputy Medical Examiner.	Glen Burnie, Md.	7/7/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/8/54	Balto. Nat. Cem.	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-8-54	[illegible]	Elroy O. Wilson	1000 Brantley Av

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06154

6164

CERTIFICATE OF DEATH

(Reg. Dist. No. 27)

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place) 26 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 27
STREET ADDRESS (If rural give location) 1706 Selma Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ethelyn (Middle) Cover (Last) Robison

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 22 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Union Bridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Addison Cover

14. MOTHER'S MAIDEN NAME: Threasa Clemson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. -

17. INFORMANT & ADDRESS: Mobler Robison 1724 Winans, Baltimore 27, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion with Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: -

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — -

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 July, 1954, to 25 July, 1954 that I last saw the deceased alive on 25 July, 1954, and that death occurred at 9:37 A M, from the causes and on the date stated above.

SIGNATURE Richard W Egan Capt MC M.D. ADDRESS 2101-105 A H Fort Meade Md DATE SIGNED 28 July 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 28 July 54

NAME OF CEMETERY OR CREMATORY: National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 26 July 1954

REGISTRAR'S SIGNATURE: T. A. GORDON CWO USA

24. FUNERAL DIRECTOR ADDRESS: Hubbard Funeral Homes, Baltimore 22, Md.

RECEIVED

6118

06155
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shady Oaks
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Edward (Last) Kohan

4. DATE OF DEATH (Month) 7- (Day) 26 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 7-25-1896 | 9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: N. Naval Academy | 11. BIRTHPLACE (State or foreign country): New York State | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas E. Kohan | 14. MOTHER'S MAIDEN NAME: Nutmann.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) World War II | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Rhoda C. Kohan Shady Oaks Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

— Immediate cause (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

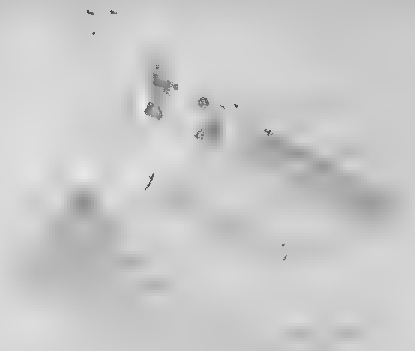
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 7, 27, 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): | DATE THEREOF 7-29-54 | NAME OF CEMETERY OR CREMATORY National Cem | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. July 28, 1954 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John M. Taylor Sons | ADDRESS Annapolis Md.



6119

06156

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 258 West St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural, give location): 258 West St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) R (Last) SAUNDERS

4. DATE OF DEATH: (Month) JULY (Day) 22, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1905

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Beverage Co

11. BIRTHPLACE (State or foreign country): Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Saunders

14. MOTHER'S MAIDEN NAME: Ella Herron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW II

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Mabel Deale Saunders Wife same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Ca of duct of cerebral metastasis — Interval between onset and death: 4 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 19 54, to July 22, 19 54, that I last saw the deceased alive on July 21, 19 54, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Bommula M D Annapolis Md. 7/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 26, 1954

NAME OF CEMETERY OR CREMATORY: Woodfields Cemetery

LOCATION (City, town, or county) (State): Galesville, Maryland

DATE REC'D BY LOCAL REG.: July 26, 1954

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Anrapolis, Md.

6165 MARYLAND STATE DEPARTMENT OF HEALTH 06157

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
LENGTH OF STAY (In this place): One week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
STREET ADDRESS (If rural, give location): Clark Station.

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) (Last) Schnopp
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 14-1912
9. AGE last birthday: 41 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine operator (Plastic Plant)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Williamstown, Mass.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob Schnopp
14. MOTHER'S MAIDEN NAME: Clara Blunte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 015-16-5179
17. INFORMANT AND ADDRESS: Mrs. Florence Schnopp (wife.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Leonard A. Faulstich — (Degree or title): Deputy Medical Examiner — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 7/17/54

DISPOSITION (Burial, Cremation, or Removal): Burial — DATE THEREOF: July 21/54 — NAME OF CEMETERY OR CREMATORY: South View Cemetery — LOCATION (City, town, or county) (State): North Cetaun Mass

DATE REC'D BY LOCAL REG.: 7/21/54 — REGISTRAR'S SIGNATURE: Clara Haslup, Deputy — 24. FUNERAL DIRECTOR: Bernard A. Faile — ADDRESS: Glen Burnie

July 19, 1954 — L. J. Deaton, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

SIGN RESERVED FOR BINDING

VS. A15A

6120

06158

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 125 Farragut Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 125 Farragut Rd.

3. NAME OF DECEASED (Type or Print): (First) SUSIE (Middle) B (Last) SEARS

4. DATE OF DEATH (Month) (Day) (Year): JULY 29, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 28, 1879

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Edgewater, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Jones

14. MOTHER'S MAIDEN NAME: Elizabeth Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 220-16-8676 D

17. INFORMANT AND ADDRESS: Mr Robert C. Sears, Son - same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary occlusion — Interval between onset and death: 1/2 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Sen arteriosclerosis

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: diabetes mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1954, to July 29, 1954, that I last saw the deceased alive on July 28, 1954, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Bosworth MD

ADDRESS: Annapolis Md

DATE SIGNED: 7/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 31 1954

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

LOCATION (City, town, or county) (State): Lothian, Anne Arundel, Maryland

DATE REC'D BY LOCAL REG.: July 31, 1954

REGISTRAR'S SIGNATURE: J. Bosworth

24. FUNERAL DIRECTOR: Ben L. Hopping and Son

ADDRESS: Annapolis, Md.

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06159

6166

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort GG Meade, Maryland; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS U S ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY Marin; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marin City; STREET ADDRESS (If rural give location) PO Box 916

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) F. (Last) Sherman

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Indian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 14 Nov 1908

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10B. KIND OF BUSINESS OR INDUSTRY: U S ARMY

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmund Sherman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 25 years til death

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Service Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized peritonitis with right — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) subphrenic and pelvic abscess DUE TO

(C) Ruptured appendicitis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1st Jul 54

19B. MAJOR FINDINGS OF OPERATION: Appendicitis and pelvic abscess

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Jul, 19 54 to 18 Jul, 19 54 that I last saw the deceased alive on 2010 18 Jul 19 54, and that death occurred at 2110 M, from the causes and on the date stated above.

SIGNATURE AND TITLE: Richard W. [illegible] Capt MC M.D. ADDRESS: Fort G Meade, Md. DATE SIGNED: 18 July 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: unknown

NAME OF CEMETERY OR CREMATORY: unknown

LOCATION (City, town, or county) (State): unknown

DATE REC'D BY LOCAL REGISTRAR: 19 Jul 54

REGISTRAR'S SIGNATURE: [illegible] Balto., Md., USA

24. FUNERAL DIRECTOR: [illegible] Cook, Inc. ADDRESS: Balto., Maryland

6167 MARYLAND STATE DEPARTMENT OF HEALTH 06160

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A A Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol — LENGTH OF STAY (In this place) 1/2 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) (Last) Simms

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Bristol

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): June 1 1889

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Griffin

14. MOTHER'S MAIDEN NAME: Sophie Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Blanche Sellman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIAC Failure — 4 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic CVR Disease — Unk

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 1, 1954, to 2 July, 1954, that I last saw the deceased alive on 1 July, 1954, and that death occurred at 4 15 P m., from the causes and on the date stated above.

SIGNATURE: O W Dasser — (Degree or title): M D — ADDRESS: Upper Marlboro Md — DATE SIGNED: 2 July 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 6 1954 — NAME OF CEMETERY OR CREMATORY: Chews — LOCATION (City, town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REG. 7/5/54 — REGISTRAR'S SIGNATURE: Edna M Williams

24. FUNERAL DIRECTOR: T A Hardesty & Son, Hyattsville Md — ADDRESS

VS. A15

1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06161

CERTIFICATE OF DEATH

6168 Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDLE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FERNDALE (GLENBURN); LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 So. Annap. Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale (Glen Burnie P.O.); STREET ADDRESS (If rural give location) 25 So. Annap. Blvd.

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) SARAH (Last) SMITH

4. DATE OF DEATH: (Month) JULY (Day) 26 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Widowed	Nov 8, 1880	73 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? Yes - USA

13. FATHER'S NAME: George S. Smith (dec.)

14. MOTHER'S MAIDEN NAME: Mrs Cynthia Getz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: 219-32-0381

17. INFORMANT & ADDRESS: Mrs Mildred M. Foner (daughter) 25 So. Annap. Blvd Ferndale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.1 Immediate cause	(a) Acute myocardial infarction	1/2 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic myocarditis	10-15 yrs
	DUE TO (c) Hypertension	15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	15 yrs

19a. DATE OF OPERATION: none **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1954, to July 26, 1954, that I last saw the deceased alive on July 26 1954, and that death occurred at 9.45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Hubert F. Hannigan MD	901 Edgerly Rd	26 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/29/54	Loudon Park Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-29-54	A. W. Hennigh	Wm. Cook, Inc., 1217 N. Paul St	

Has been under care of Dr. Earl Koons of Balto, Md for last 3 years

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6169 CERTIFICATE OF DEATH

06162

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crownsville
LENGTH OF STAY (in this place) approx 4mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bucl
STREET ADDRESS (If rural give location) 1202 Franklin St ✓

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Thircus (Last) Smith

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-25-00

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laboar

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown to us

14. MOTHER'S MAIDEN NAME: unknown to us

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO: ?

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset And Death: approx 1 wk

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C.N.S. Syphilis — Known 5 yrs prior admission

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23, 19 54, to 7-21, 1954, that I last saw the deceased alive on 7-21, 19 54, and that death occurred at 5:25 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W Allen M.D ADDRESS 10 Carroll St DATE SIGNED 7-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-24-54 NAME OF CEMETERY OR CREMATORY Mt. Zion Cem. LOCATION (City, town, or county) (State) Balto. md

DATE REC'D BY LOCAL REGISTRAR 7-23-54 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Joseph S. Lock, Jr ADDRESS 1304 N. Central Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06163

CERTIFICATE OF DEATH

Reg. Dist. No. 24

6170

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: RIVIERA BEACH
LENGTH OF STAY (in this place): 12 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CHURCH ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIVIERA BEACH
STREET ADDRESS (If rural give location): CHURCH ROAD

3. NAME OF DECEASED: (Type or Print) (First) ADAM (Middle) (Last) SZYMCZEWSKI

4. DATE OF DEATH: (Month) JULY (Day) 31 (Year) 1954

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT. 15, 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): BRICK LAYER

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEOPOLD SZYMCZEWSKI

14. MOTHER'S MAIDEN NAME: MARYANN SEINKOWSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: IRENE CZAPKIEWICZ 1230 WEST PRATT BALTO., MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death: IMMEDIATE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerotic Cardio Vascular Disease — 10 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: NONE

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1954, to 7/31, 1954, that I last saw the deceased alive on 7/27, 1954, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE: J. Brady Smith — (Degree or title) — ADDRESS: Riviera Beach, Md. — DATE SIGNED: 7/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 7-1954 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county): Balto Md (State)

DATE REC'D BY LOCAL REGISTRAR: 8/3/54 — REGISTRAR'S SIGNATURE: Louis J. Dealba — 24. FUNERAL DIRECTOR: Hoff & B.M. Walters — ADDRESS: PRATT & STRICKER Sts

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06164

6171 **CERTIFICATE OF DEATH** Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bristol
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ERAYSON (Middle) McL. (Last) Talbott

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 12, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Alexandria Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James F. Blackwell

14. MOTHER'S MAIDEN NAME: Lula McLean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Frank B. Talbott, Bristol Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331.2

Immediate cause (a) Cerebral thrombosis & coronary artery

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) generalized arteriosclerosis -

DUE TO

(c) Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19.54, to June 29, 19.54, that I last saw the deceased alive on June 29, 19.54, and that death occurred at 11.9 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Emily H. Wilson M.D. Cattiran, md. 7/2/54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/1/54

NAME OF CEMETERY OR CREMATORY St. James

LOCATION (City, town, or county) (State) Tracy's Md.

DATE REC'D BY LOCAL REG. 7-1-54

REGISTRAR'S SIGNATURE Ellis West Williams

24. FUNERAL DIRECTOR ADDRESS Hardesty Funeral Home, Hillsville, Md.

6121

06165 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. A. General Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wisconsin COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Falls
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Neal	F.	Jatroe	July	30	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W.	Single	June 26 1928	26 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Airman	U.S. Air Force	Wisconsin	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Chester W. Jatroe	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
		Air Force Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture Skull — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushing injury to chest — DUE TO (c) — Interval between onset and death: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway	21c. (City or town) A.A.Co (County)	(State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7 30 54 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ — DATE SIGNED 7/31/54

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	July 30-54		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 30, 1954	[signature]	Ronaldi Funeral Home	Washington D.C.

MARYLAND 6172

06166

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY ~~Crownsville~~ Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville, Md.
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Taylor

4. DATE OF DEATH (Month) July (Day) 10 (Year) 19 54

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 45 3/12/09

9. AGE last birthday 45 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Frank Taylor

14. MOTHER'S MAIDEN NAME Olivia Milburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sophie Jenifer Ridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease

(c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3 ., 19 54 ., to July 10 ., 19 54, that I last saw the deceased alive on July 10 ., 1954 ., and that death occurred at 9;05 am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE July 13 1954

NAME OF CEMETERY OR CREMATORY St Peters

LOCATION (City, town, or county) Ridge (State) Md

DATE REC'D BY LOCAL REG 7-12-54

REGISTRAR'S SIGNATURE Alice D. Howard, M.D. Katherine Joyce

24. FUNERAL DIRECTOR ADDRESS

Jos L Matting by Leonard Tarra Md

MARGIN RESERVED FOR BINDING

MARYLAND 6122

06167
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1615 - 8 St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) C (Last) Terrell
4. DATE OF DEATH: (Month) 7. (Day) 24 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
F	Colored	Widowed	9-23-83	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert R. Crum
14. MOTHER'S MAIDEN NAME Lucy Ellis Talcott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Phyllis Talcott

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Carcinomatosis primary site ?	6 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary congestion + edema	1 Week
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/22/1954 to 7/24/1954, that I last saw the deceased alive on 7/24/1954, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank M. Shipley Md Annapolis Md 7/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)
July 28-54 | Lincoln Memorial | Suitland | Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
July 24, 1954 | W. C. Council | Robert E. McGuire | 1820-9 St N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

6173

MARYLAND STATE DEPARTMENT OF HEALTH

06168

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie | LENGTH OF STAY (In this place) Passing Thru
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 South of Glen Burnie Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Kings Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn N.Y.
STREET ADDRESS (If rural, give location) 290 Lincoln Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) L. (Last) Walser
4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 16, 1881
9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Apt House
10b. KIND OF BUSINESS OR INDUSTRY: Lincoln Terrace Apts
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mary E. Knoff 1170 N.W. 79th St. Miama, Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of skull and multiple

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) injuries

(c)

INTERVAL BETWEEN ONSET AND DEATH: minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 301 (CITY OR TOWN): Glen Burnie (COUNTY): A. A. (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 7/4/54 9 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Gustave H. Bauberth M.D. Deputy Medical Examiner
ADDRESS: Glen Burnie Md.
DATE SIGNED: 7/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 10, 1954
NAME OF CEMETERY OR CREMATORY: Geo. Washington Memo
LOCATION (City, town, or county) (State): Paramus N.J.

DATE REC'D BY LOCAL REG.: July 8, 1954
REGISTRAR'S SIGNATURE: L J Laeba
24. FUNERAL DIRECTOR: J.W. Pangaton
ADDRESS: Glen Burnie, Md.

VS. A15A

6174 06169

Item 9, Film G168
7/12/54 fcy

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ... .

1. PLACE OF DEATH · COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: STH OF GLEN BURNIE | LENGTH OF STAY (in this place): SUDDEN DEATH
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 301 South of Glen Burnie

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: New York — COUNTY: KINGS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn
STREET ADDRESS (If rural, give location): 290 Lincoln Road

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) E. (Last) Walker
4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: ~~January~~ 1954 (illegible)
9. AGE last birthday: April 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Fraser
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: HENRY M. WALKER, 18 Mountain View Drive Clifton N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Internal and external hemorrhages	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) due to multiple injuries	Sudden
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 301 | (CITY OR TOWN): Glen Burnie | (COUNTY): a. a. | (STATE): md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 7/6/54 9 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title): Deputy Medical examiner | ADDRESS: Glen Burnie md | DATE SIGNED: 7/8/54
Signature illegible

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 10 1954 | NAME OF CEMETERY OR CREMATORY: Geo. Washington Memorial | LOCATION (City, town, or county): Paramus | (State): N.J.

DATE REC'D BY LOCAL REG.: July 8, 1954 | REGISTRAR'S SIGNATURE: L. J. D'Alba | 24. FUNERAL DIRECTOR: W Singleton | ADDRESS: Glen Burnie Md

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly.

6175 06170

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 film G168A 8/6/54 c m

CERTIFICATE OF DEATH

Reg. Dist. No. 23

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earleigh Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A. Co. Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Earleigh Heights Ave

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Thomas (Last) Ware

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 9/29/1861

9. AGE last birthday: 92 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Ware

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary arteriosclerosis	15 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 7/31, 19 54, that I last saw the deceased alive on 7/31, 19 54, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8/4/54

NAME OF CEMETERY OR CREMATORY Calvary Cem

LOCATION (City, town, or county) (State) A. A. Co Md

DATE REC'D BY LOCAL REG. 8-2-54

REGISTRAR'S SIGNATURE Mrs Hedrick

24. FUNERAL DIRECTOR Isaiah L Brown Jr

ADDRESS 108 W Montgomery St

MARYLAND 6176 U6171

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28 484

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (in this place) 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) E. (Last) Washington

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1/18/83

9. AGE last birthday: 71 yrs. If under 1 year: Months — Days —; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed Retired

10b. KIND OF BUSINESS OR INDUSTRY: House worker

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: John H. Washington

14. MOTHER'S MAIDEN NAME: [redacted] Jennie Bowser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service): Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT AND ADDRESS: Hospital Records, Crownsville Hospt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Myocarditis	Known to us since adm. 6/29/54
Antecedent cause(s) (b)	Hypertension	" "
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

4437

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION: — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — — — —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — — —

(CITY OR TOWN) — — — — — — — — (COUNTY) — — — — — — — — (STATE) — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 6/29, 19 54; to 7/28, 19 54, that I last saw the deceased alive on 7/28, 19 54, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. E. Hubach M.D. ADDRESS Crownsville, Md. DATE SIGNED 7/28/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE July 31 1954; NAME OF CEMETERY OR CREMATORY Lemon Methodist Cemetery; LOCATION (City, town, or county) Aberdeen, Maryland (State)

DATE REC'D BY LOCAL REG. July 31-1954; REGISTRAR'S SIGNATURE Hattie A. Terry, Katherine M. Gosheorn

24. FUNERAL DIRECTOR: John G. Torring; ADDRESS Aberdeen Md

MARGIN RESERVED FOR BINDING

06172

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6177

Item 12 film G168A 7/23/54 bm

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH: COUNTY A A Co — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 30 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Severn — COUNTY A A Co Md — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn Md — STREET ADDRESS (If rural give location) Deep Cut Rd

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Wasielewski

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 18-1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cabinet

10b. KIND OF BUSINESS OR INDUSTRY: Cabinet maker

11. BIRTHPLACE (State or foreign country): Warsaw Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Wasielewski Sr

14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [redacted]

17. INFORMANT & ADDRESS: Mary M Wasielewski

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gangrene Lower Extremities — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Phenipheral Vascular Disease — 3 years

DUE TO

(c) Generalized Arteriosclerosis — 5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to July 18, 1954, that I last saw the deceased alive on July 15, 1954 and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE Edward J Chenott (Degree or title) M.D. — ADDRESS Edmonston Md — DATE SIGNED 7-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 20-54 — NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery — LOCATION (City, town, or county) (State) A A Co Md

DATE REC'D BY LOCAL REGISTRAR 7/21/54 — REGISTRAR'S SIGNATURE Clara Hastup — 24. FUNERAL DIRECTOR Bernard A Finke — ADDRESS Glen Burnie Md

July 19, 1954 L J Draeta

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JUL 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06173

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CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glen Burnie
LENGTH OF STAY (in this place) 7 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sanders Range.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Hilmes (Last) Hebb

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: 10/2/96

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Draftsman.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hebb.

14. MOTHER'S MAIDEN NAME: Mary Hilmes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes 1st World War.

16. SOCIAL SECURITY NO.: 215-05-1021

17. INFORMANT & ADDRESS: Mrs. J. H. Hebb. - (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver — Interval Between Onset And Death + 1 year.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/29/53

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1953, to July 24, 1954, that I last saw the deceased alive on 7/20, 1954, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sandra K Sanders Dec. ADDRESS Glen Burnie, Md DATE SIGNED 7/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 29-54

NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery

LOCATION (City, town, or county) (State) Ritchie Highway Anne Arundel Co. Md.

DATE REC'D BY LOCAL REGISTRAR July 29 1954

REGISTRAR'S SIGNATURE L. J. Stalter

24. FUNERAL DIRECTOR Bernard A. Finch ADDRESS Glen Burnie Md

RECEIVED
1954

Weston

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06174

6179

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-54

1. PLACE OF DEATH:
COUNTY A. A. County — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Linstead on the Severn
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Boone Trail

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Linstead on the Severn
STREET ADDRESS (If rural give location): Boone Trail

3. NAME OF DECEASED: (Type or Print) (First) CARROLL (Middle) O. (Last) WESTON, SR.

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 10, 1896

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto dealer

10B. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Welton B. Weston

14. MOTHER'S MAIDEN NAME: Bessie Lee Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 159-09-0871

17. INFORMANT & ADDRESS. Mrs. Ida B. Weston - Boone Trail - Linstead on the Severn

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarct

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis, general

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 1953, to July 15, 1954, that I last saw the deceased alive on July 10., 1954., and that death occurred at 3 A. M, from the causes and on the date stated above.

SIGNATURE Bobby L Jones M.D ADDRESS Glen Burnie DATE SIGNED 7/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 7/17/54

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7-16-54

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. J Tuckner & Son ADDRESS Balto Md

6123

06177

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place): Sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne-Arundel-General-Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne-Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen-Burnie - P.O.
STREET ADDRESS (If rural, give location): Oakwood-Rd- Rt.1- Box-49

3. NAME OF DECEASED (Type or Print): (First) FRANK - (Middle) Wimmer (Last) Jr.

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February 6 1894

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own- Farm

11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Wimmer Sr.

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO-

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Route II Box 52 — FRANK WIMMER III OAK WOOD RD. GLEN BURNIE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cerebral Hemorrhage — 2 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12-, 1954, to 7-13-, 1954, that I last saw the deceased alive on 7-13-1954, and that death occurred at 12 10 p.m., from the causes and on the date stated above.

SIGNATURE: James R. Martin — (Degree or title) MD — ADDRESS: Annapolis, Md. — DATE SIGNED: 7-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 16, 1954 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): Glen Burnie MD

DATE REC'D BY LOCAL REG. 7/16/54 — REGISTRAR'S SIGNATURE: Wm. J. French — July 15, 1954 — L.J. D'Albert

24. FUNERAL DIRECTOR: Dr. Singleton — ADDRESS: Glen Burnie Md

Baby Girl Wood Bladen

6124

06178

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

M

C

I

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md; LENGTH OF STAY (in this place) 10 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen'l. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton - Millersville P.O.; STREET ADDRESS (If rural, give location) Woods Road

3. NAME OF DECEASED (Type or Print): (First) "Baby" (Middle) Girl (Last) Wood

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 23, 1954

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Wood

14. MOTHER'S MAIDEN NAME: Elsie Entzian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: James Wood Millersville P.O. Clinton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (24 wks). — 36 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1954, to 7/24, 1954, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. Bosmick M.D. ADDRESS Annapolis Md DATE SIGNED 7/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 26, 1954 | NAME OF CEMETERY OR CREMATORY: Glen Haven | LOCATION (City, town, or county) (State): Glen Burnie Md.

DATE REC'D BY LOCAL REG. 7/27/54 | REGISTRAR'S SIGNATURE: Wm. J. French

24. FUNERAL DIRECTOR: R. V. Singleton | ADDRESS: Glen Burnie, Md.

July 26, 1954 L. J. Baetz. mt

20742V1260

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06179

CERTIFICATE OF DEATH

6180

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Fourth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
STREET ADDRESS (If rural, give location) 10 Fourth Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
SALLIE	K.	YEAGER	July	5,	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	April 23, 1871	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Harford County, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel James	Annie Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
9		Inez Weitzell, 10 Fourth Ave., Brooklyn Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.2 Immediate cause	(a) Cardiac Vascular Disease	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteria-sclerosis	12 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 5 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from....., 19..., to 7/5/54, 19....., that I last saw the deceased alive on 7/6, 19 54, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS		DATE SIGNED
Chas. L. Bacon Jr.	Linthicum	Md.	7/5/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	7/8/54	Mt. Olivet Cemetery	Baltimore,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/7/54	A. W. Hedrick	Wm. Cook Inc.,	1217 St. Paul Street

M 54

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51